

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: WYOMING

VARIATIONS FROM THE BASIC PERSONAL NEEDS ALLOWANCE

The added Personal Needs Allowance for an Intermediate Care Facility for the Mentally Retarded (ICF/MR) resident shall be calculated as follows:

For earned income received from a Sheltered Workshop, the first \$65 of the Earned Income is deducted and one-half (1/2) of the remainder of the Earned Income up to \$300 is retained by the ICF/MR resident.

The Personal Needs Allowance permits the ICF/MR resident to fully participate in the implementation of the Individualized Habilitation Plan promoting the resident's optimal independence.

Disclosure Statement for Post-Eligibility Preprint

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is #0938-0673. The time required to complete this information collection is estimated at 5 hours per response, including the time to review instructions, searching existing data resources, gathering the data needed and completing and reviewing the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: HCFA, 7500 Security Boulevard, N2-14-26, Baltimore, Maryland 21244-1850 and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

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